

Authorized Site Agreement

New Hampshire Immunization Information System (NHIIS) is a statewide automated and electronic immunization registry that records vaccinations administered in New Hampshire. New Hampshire State law (RSA 141-C: 20-f.) authorizes the Department of Health and Human Services to operate an immunization information system and allows authorized users to exchange information electronically. The registry shall be a single repository of accurate, complete and current immunization records to aid, coordinate, and promote effective and cost-efficient disease prevention and control efforts. Access to the NHIIS shall be limited to authorized users who sign the user confidentiality agreement.

As a condition of receiving immunization information from the NHIIS as a Provider Site, the site must ensure each User it authorizes to access the NHIIS agrees to:

1. Only access immunization information in the NHIIS for individuals under their care.
2. Read and abide by the NHIIS Authorized User Agreement.
3. Refrain from engaging in any conduct involving the NHIIS that would constitute a criminal offense or give rise to civil liability.
4. Attend all NHIIS training required for access.
5. Comply with New Hampshire RSA 141-C: 20-f and New Hampshire Administrative Rule He-P 307 relating to the NHIIS.
6. Only disclose patient information to persons authorized to receive it and will only disclose NHIIS information as required for patient care or as authorized by law.
7. Only access the NHIIS as necessary to update NHIIS records or obtain information to treat a patient or for other purposes allowed by NHIIS statute and administrative rule.
8. Not knowingly include, or cause to be included, any false, inaccurate, or misleading information in the NHIIS.
9. Not print or copy information from the NHIIS unless necessary to provide patient treatment or to print immunization records or certificates or for other purposes allowed by NHIIS regulations.
10. Protect the NHIIS data as a confidential patient record and protected health information under federal and state privacy laws regardless of the form (hard copy, electronic, or oral).
11. Never share NHIIS information security credentials (user name and password) must with anyone and further agrees they will not access the NHIIS using anyone else's identification or password.
12. Immediately notify my employer and the NH DHHS Information Security Officer at **DHHSInformationSecurityOffice@dhhs.nh.gov** and if they know or suspect the confidentiality or security of their access identification and password may have been compromised.
13. Report any use or disclosure of such information *immediately* to the NH DHHS Information Security Officer at DHHSInformationSecurityOffice@dhhs.nh.gov and understands it is a breach of information security and privacy to use or disclose confidential information for a use not required for NHIIS related work.
14. Cooperate with the NH DHHS Information Security Response team as may be required to investigate a potential security or privacy event, incident or data breach.
15. Not discriminate or take any adverse action against a person based on the person's NHIIS information.



16. NHIIS administrator monitoring their access and use to ensure compliance with this Agreement.
17. Follow state and federal laws and regulations that ensure the confidentiality and safeguarding of Department confidential data, including personal information (PI) and protected health information (PHI). I understand that misuse of the NHIIS or disclosure of NHIIS information in violation of this Agreement and/or federal and state privacy laws may also result in civil and/or criminal prosecution, penalties, or legal action.

Each Provider Site must designate a Site Administrator who must agree to:

1. Be the sole authority to authorize new NHIIS users for their Provider Site.
2. Notify NHIIS support immediately after a user's employment at the Site terminates or the Site no longer authorizes the user's access to NHIIS to deactivate the user's access.
3. Ensure that each user at the Site has his or her own username and password, so that login information is not shared between users.
4. Be the point of contact for account verifications, system alerts, policy changes and security incidents/breaches.
5. Report any use or disclosure of such information *immediately* to the NH DHHS Information Security Officer at DHHSInformationSecurityOffice@dhhs.nh.gov and understands it is a breach of information security and privacy to use or disclose confidential information for a use not required for NHIIS related work.
6. Be responsible for ensuring that users comply with all applicable laws, regulations and NHIIS policies.
7. Ensure users have appropriate training on the proper use of the NHIIS.
8. Notify the NHIIS at least one week in advance of resigning Site Administrator duties to allow for the transition to a new NHIIS Site Administrator.

Failure to abide by this agreement may result in the Site's immediate suspension or revocation of access to NHIIS by NH DHHS Information Security or the NHIIS Administrator. Misuse of NHIIS data will be reported to the appropriate licensing body or other authorities as necessary.

Please complete this form and return to:

New Hampshire Immunization Information System

29 Hazen Drive, Concord, NH 03301-6504

Phone 603-271-4482 | Fax: 603-271-3850

Email- nhiis.support@dhhs.nh.gov

Provider Site Information			
Name of Clinic/Medical Site:			
National Provider Identifier (NPI):			
Parent Organization (if any):		VFC/317 Pin (if receiving state vaccine):	
Physical Address:			
City:	County:	State: NH	ZIP Code:

Mailing Address (if different from physical address):			
City:	County:	State: NH	Zip Code:
Phone Number:		Fax Number:	
Site Administrator Information			
Site Administrator First Name:		Middle Initial:	Last Name:
Title:	Phone (Provide extension, if available):	Email:	
<input type="checkbox"/> Please take a moment to indicate that you have read, understand and agree to the terms of the NHIIS Site Agreement by clicking the check-box below and then printing your full name below. <input type="checkbox"/> I certify that I have read and understand the terms of the NHIIS Site Agreement and that I have the authority to agree to these terms on behalf of my organization/company.			
Full Name of Site Administrator:			Date:

<u>Provider Type:</u> (check only one) Note only administering, current, former healthcare providers, and DPHS shall have read/write access User privileges			
<input type="checkbox"/> Hospital	<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Community Health Center	<input type="checkbox"/> School/School District
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> General Practice	<input type="checkbox"/> Insurance Companies	<input type="checkbox"/> FQHC
<input type="checkbox"/> Local Health Dept.	<input type="checkbox"/> Urgent Care	<input type="checkbox"/> Non-Profit/Free Clinic	<input type="checkbox"/> Nursing Home/Hospice
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Rural Health Clinic	<input type="checkbox"/> Child and Family Services	<input type="checkbox"/> Licensed Child Care Agencies
<input type="checkbox"/> NH DPHS	<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Other: _____	

Does your office give immunizations? ☐ Y ☐ N

What vaccine funding sources does your clinic administer? (Please check all that apply)

☐ VFC ☐ 317 ☐ State ☐ Private ☐ Other: _____

Planned Data Submission Method: ☐ Electronic Files (HL7) ☐ Web Entry/Direct User Interface ☐ Queries Only

List the names of all the users from your clinic who would be designated as NHIIS authorized users:

First Name	Middle Initial	Last Name	Email Address	Phone Number (Ext if Available)

For NHIIS Use Only	
Date Received: _____	Date Clinic Account Est: _____
Name: _____	Signature: _____